

**ATTACHMENT G**  
**PAYMENT REQUEST FORM**  
**UTAH STATE LIBRARY DIVISION**  
**LIBRARY SERVICES & TECHNOLOGY ACT GRANTS PROGRAM**  
**FY 2000-2001**

**Library/  
Organization** \_\_\_\_\_

**Contract No.** \_\_\_\_\_

**Date** \_\_\_\_\_

**LSTA grant category (check one)**

**Mini** \_\_\_\_\_ **Regular** \_\_\_\_\_ **Major** \_\_\_\_\_

**Indicate LSTA Grant round**

**Fall 2000** \_\_\_\_\_ **Spring 2001** \_\_\_\_\_

1. **Project Title:** \_\_\_\_\_

2. **Project Category:** \_\_\_\_\_

Basic Technology \_\_\_\_\_ Enhanced Integrated System \_\_\_\_\_ Enhanced Internet Connectivity \_\_\_\_\_

Community \_\_\_\_\_ Partnerships & \_\_\_\_\_ Improved Access  
Electronic Network \_\_\_\_\_ Cooperative Projects \_\_\_\_\_ to Library Services \_\_\_\_\_

3. **Contractor may request funds twice a month. Refer to Contract Attachment B (Scope of Work), Item 2**

Indicate total amount of LSTA funds requested to date: \$ \_\_\_\_\_

Total funds requested:

Reimbursement payment: \$ \_\_\_\_\_

Advance payments: \$ \_\_\_\_\_

(Advance payment funds must be spent within 30 days of your request to the State Library)

Send this request with any or all invoices for project expenses to:

**Max Collotzi**  
**Grants Officer**  
**Utah State Library Division**  
**250 North 1950 West, Suite A**  
**Salt Lake City, UT 84116-7901**

**Phone: 801-715-6771/Fax: 801-715-6767**